


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 01-0007	2. STATE Washington
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 1, 2001	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT: a. FFY 2002 \$ 0 b. FFY 2003 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 4.19-B Pages 1, 2, and 3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 1 to Attachment 4.19-B Pages 1, 2, and 3	
10. SUBJECT OF AMENDMENT: Payment Rates for Medicare Part A and Part B Clients			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Exempt <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Department of Social and Health Services Medical Assistance Administration 623 8 th St SE MS: 45500 Olympia, WA 98504-5500	
13. TYPED NAME: DENNIS BRADDOCK			
14. TITLE: Secretary			
15. DATE SUBMITTED: 11/9/01			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: NOV 15 2001		18. DATE APPROVED: JAN - 3 2002	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: OCT - 1 2001		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Teresa L. Trimble		22. TITLE:	
23. REMARKS: TESTED 11/13/01 Olympia ESTY/ST/15			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Washington

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State Plan), if applicable, the Medicaid agency uses the following general method for payment:

1. Payments are limited to State Plan rates and payment methodologies for the groups and payments listed below and designated with the letters “SP”.

For specific Medicare services that are not otherwise covered by this state Plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is described on Page 3 in item N/A of this supplement.

2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters “MR”.
3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in item N/A of this supplement, for those groups and payments listed below and designated with letters “NR”.
4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in item N/A of this supplement.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Washington

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
OTHER TYPES OF CAREPayment of Medicare Part A and Part B Deductible/Coinsurance

QMBs:	Part A	<u>N/R</u>	Deductibles	<u>N/R</u>	Coinsurance
	Part B	<u>N/R</u>	Deductibles	<u>N/R</u>	Coinsurance
Other: Medicaid Recipients:	Part A	<u>S/P</u>	Deductibles	<u>S/P</u>	Coinsurance
	Part B	<u>S/P</u>	Deductibles	<u>S/P</u>	Coinsurance
Dual Eligible (QMB Plus):	Part A	<u>N/R</u>	Deductibles	<u>N/R</u>	Coinsurance
	Part B	<u>N/R</u>	Deductibles	<u>N/R</u>	Coinsurance

QMB/QMB Plus:

State Plan covered services – maximum payment is the lessor of the Medicaid State Plan rate or the Medicare payment rate.

Services not covered by the State Plan but covered by Medicare – Medicare deductibles and coinsurance rate is the maximum payment.

REVISION

Supplement 1 to Attachment 4.19-B
Page 3

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Washington

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

TN # 01-007
Supercedes
TN # 91-22

Approval Date: 10/1/01 Effective Date: 10/1/01